CLAIMS ONLY

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
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11						
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22	1					
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24		2				
25		2				
26		2				
27		1				
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29		1				
30		1				
31	1					
32		1				
33		2				
34		2				
35		3				
36		3				
37		3				
38		3				
39		3				
40		3				
41		3				
42		3				
43		3				
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46		3				
47		3				
48		3				
49		3				
50		3				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		3				
52		3				
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

38
32
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70

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT											
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP		
1								51								
2								52								
3								53								
4								54								
5								55								
6								56								
7								57								
8								58								
9								59								
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17								67								
18								68								
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20								70								
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22								72								
23		2						73								
24		2						74								
25		2						75								
26		2						76								
27								77								
28		3						78								
29		3						79								
30		①						80								
31	1							81								
32		1						82								
33		2						83								
34		2						84								
35		3						85								
36		3						86								
37		3						87								
38		3						88								
39		3						89								
40		3						90								
41		3						91								
42		3						92								
43		3						93								
44		3						94								
45		3						95								
46								96								
47								97								
48								98								
49								99								
50								100								
TOTAL IND.								TOTAL IND.								
TOTAL DEP.								TOTAL DEP.								
TOTAL CLAIMS								TOTAL CLAIMS								